_		
.		
+ 1		
	4	

## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 1263.0700

First Named Inventor or Application Identifier up SIMON MICHAEL ROWE ET AL.

€	ovisionai applications und	ler 37 CFR 1.53(b))	Express	Mail Label No.			
APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application contents.			s. A	ADDRESS TO:  Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
	nsmittal Form an original, and a duplicate for fee processing)			6. Microfiche Computer Program (Appendix)			
2. X Specification 3. X Drawing(s)	n Total P			Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)     a. Computer Readable Copy			
4. X Oath or Dec				b c		ical to computer copy) g identity of above copies	
a. Newly executed (original or copy)				ACCOMPANYING APPLICATION PARTS			
a. Newly executed (original or copy)  b. X Unexecuted for information purposes  c. Copy from a prior application (37 CFR 1.63(d))  (for continuation/divisional with Box 17 completed)  [Note Box 5 below]  i. DELETION OF INVENTOR(S)  Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  Incorporation By Reference (useable if Box 4c is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			9. [ 10. [ 11. [ of as d is	8. Assignment Papers (cover sheet & document(s))  9. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney  10. English Translation Document (if applicable)  11. Information Disclosure Statement (IDS)/PTO-1449 Citations  12. X Preliminary Amendment  13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  14. Small Entity Statement filed in prior application Statement(s) Certified Copy of Priority Document(s) (if foreign priority is claimed)			
					<del></del>		
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  Continuation  Divisional  Continuation-in-part (CIP)  of prior application No.							
		18. CORRES	PONDENCE	ADDRESS			
X Customer Number or Bar Code Label (Insert:Customer:No: or Attach bar:code label here) or Correspondence address below							
NAME							
Address							
City		State			Zip Code		
Country	L	Telephone			Fax	I	



			•		
CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	248-20 =	228	X \$ 18.00 =	\$4,104.00
	INDEPENDENT CLAIMS (37 cfr 1.16(b))	56-3 =	53	X \$ 78.00 =	\$4,134.00
	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (3	7 CFR 1.16(d))	\$260.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	
			Total of	above Calculations =	\$8,998.00
	Reduction by \$	50% for filing by small er	ntity (Note 37 CFR 1.9,	1.27, 1.28).	
				TOTAL =	\$8,998.00
b. c.	<del></del>	ntity statement was filed d desired. per claimed.	in the prior nonprovisio	nal application and s	uch status is still
20.	A check in the am	ount of \$ <u>8,998.00</u> to cov	er the filing fee is enclo	sed.	
21.	A check in the am	ount of \$ to cove	er the recordal fee is er	nclosed.	
22. Th Ac a.	ne Commissioner is hereb scount No. 06-1205:	by authorized to credit ov	verpayments or charge	the following fees to	Deposit
a.	X Fees requ	uired under 37 CFR 1.16			
b.	X Fees requ	uired under 37 CFR 1.17			
c.	Fees requ	uired under 37 CFR 1.18			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	ABIGAIL F. COUSINS, Q. No 29, 292			
SIGNATURE	Abianil Corsins			
DATE	JANUARY 13, 1999			

F508\A629259\nfr